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PTO/SB/21(08-00)  
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## TRANSMITTAL FORM

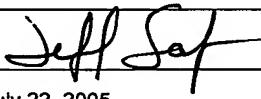
(to be used for all correspondence after initial filing)

		Application Number	10/658,233
		Filing Date	September 8, 2003
		First Named Inventor	David Culver
		Group Art Unit	1764
		Examiner Name	T. Dang
Total Number of Pages in This Submission	14	Attorney Docket Number	CL2151 US NA

### ENCLOSURES (check all that apply)

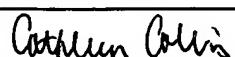
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (2 mo)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none"><li>• Cert of Mailing</li><li>• Receipt Card</li></ul>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

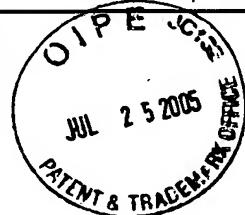
Firm or Individual name	Jeffrey Safran (Reg. No. 54,689)	
Signature		
Date	July 22, 2005	

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Signature		Date	July 22, 2005

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Cathleen Collins

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Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Application No: 10/658,233

Filing Date: September 8, 2003

First Named Inventor: David Culver

Title: Process For Producing  $\alpha$ -Olefins

Attorney Docket: CL2151 US NA

- Amendment and Response To February 25, 2005 Non-Final Office Action
- Petition For Two Month Extension Of Time
- Fee Transmittal
- Transmittal
- Receipt Card



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Complete if Known

Application Number	10/658,233
Filing Date	September 8, 2003
First Named Inventor	David Culver
Examiner Name	T. Dang
Group / Art Unit	1764
Attorney Docket No.	CL2151 US NA

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None Deposit Account:

Deposit Account Number

04-1928

Deposit Account Name

E.I. du Pont de Nemours and Company

## The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
	101	1000	201	500	Utility filing fee	
	106	430	206	215	Design filing fee	
	107	660	207	330	Plant filing fee	
	108	1400	208	700	Reissue filing fee	
	114	200	214	100	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

Total Claims	-20	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3	=		X 50	
Multiple Dependent				X 200	

X 360 =

## Large Entity Small Entity

Large Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
	103	50	203	25	Claims in excess of 20	
	102	200	202	100	Independent claims in excess of 3	
	104	360	204	180	Multiple dependent claim, if not paid	
	109	200	209	100	** Reissue independent claims over original patent	
	110	50	210	25	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	120	215	60	Extension for reply within first month	
116	450	216	225	Extension for reply within second month	\$450
117	1020	217	510	Extension for reply within third month	
118	1,590	218	795	Extension for reply within fourth month	
128	2,160	228	1,080	Extension for reply within fifth month	
119	500	219	250	Notice of Appeal	
120	500	220	250	Filing a brief in support of an appeal	
121	1000	221	500	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	500	240	250	Petition to revive - unavoidable	
141	1,500	241	750	Petition to revive - unintentional	
142	1,400	242	700	Utility issue fee (or reissue)	
143	800	243	400	Design issue fee	
144	100	244	550	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR § 1.129(b))	
179	790	279	395	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

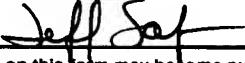
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 450.00)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jeffrey Safran	Registration No. Attorney/Agent	54,689	Telephone	(302) 984-6132
Signature				Date	July 22, 2005

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